RI SOS Filing Number: 202566622760 Date: 3/3/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAR 03 2025
BY

Annual Report for the year: 2025
Non-Profit Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number: 65026	2. Exact name of the Corporation: Nursing Foundation of Rhode Island
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To foster nursing through student scholarships and research grants to promote the health of people in Rhode Island.
4. NAICS Code: 813211	

6. Principal Office Address	City	State	Zip
62 Lippitt Street	Warwick	RI	02906

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Amy Nield BS RN CHPN			Vice-President Name: Lori Kasher DNP RN CPNP		
Street Address: 62 Lippit Street			Street Address: 180 Sessions Street		
City: Warwick	State: RI	Zip: 02889	City: Providence	State: RI	Zip: 02906
Secretary Name: Helen McGovern MSN RN			Treasurer Name: Mary Louise Palm MS RN		
Street Address: 17 Miles Avenue			Street Address: 116 Linden Drive		
City: Cranston	State: RI	Zip: 02920	City: Kingston	State: RI	Zip: 02881

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: Elizabeth M. Bloom PhD RN			Director Name: Joanne Costello PhD MPH RN		
Street Address: 27 Mettatuxet Rd			Street Address: 75 Bayberry Lane		
City: Narragansett	State: RI	Zip: 02882	City: East Greenwich	State: RI	Zip: 02818
Director Name: Lillian Sparven RN			Director Name: Desirae Hays DNP APRN CNP		
Street Address: 87 Scenery Lane			Street Address: 2 Old Richmond Townhouse RD		
City: Johnston	State: RI	Zip: 09914	City: Carolina	State: RI	Zip: 02812

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Mary Louise Palm	**2/26/2025**

Signature of Officer/Authorized Representative: Mary Louise Palm

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023

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BY

Nursing Foundation of Rhode Island

Entity ID Number 65026

Additional Directors – 2025

Joan Dugas PhD, RN	49 George Schaefer Street, Peace Dale, RI 02979
Helen McGovern, MSN, RN	17 Miles Avenue, Cranston, RI 02812
Margaret S. Mock PHD, RN, ANP-C	23 Kelton Street, Rehoboth, MA 02769